



Membership Application Form

Name _____

Address _____

Post Code _____

Telephone No _____

E-mail address _____

Do you have a visual impairment? Yes / No

In which format would you like to receive correspondence

Standard Print _____ Language (other than English) _____

Large Print _____ CD _____ E-mail _____ Braille _____

I enclose my membership fee for the current year £ _____

I support the aims of Tameside Sight.

Signature _____

Date _____

NOTE: TAMESIDE SIGHT WISH TO HOLD MEMBERSHIP RECORDS ON COMPUTER; IF YOU HAVE ANY OBJECTION TO THIS PLEASE INDICATE ON THIS FORM.

For office use only

Received by..... Amount Date.....

Date of joining.....